

ACT State Testing Test Supervisor Profile

Complete this form **ONLY** if you are **replacing** the previously named Test Supervisor. Do NOT complete this form if you are a room supervisor or proctor.

ACT HIGH SCHOOL CODE:

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Please complete every item on this profile.

TEST SUPERVISOR INFORMATION

Name: _____

Job Title: _____

School Name: _____

Work Phone: _____

Home Phone: _____

(Will be used for follow-up on missing test materials, if needed)

Cell Phone: _____

Fax Number: _____

Do we need to call before sending a fax? ☐ YES ☐ NO

E-mail Address: _____

Highest Education Level/Degree Attained (check one):

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> Master's |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Professional |

Current Job Responsibilities (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Academic Administration |
| <input type="checkbox"/> Athletic Coaching | <input type="checkbox"/> Clerical Support |
| <input type="checkbox"/> Counseling/Advising | <input type="checkbox"/> Standardized Testing |
| <input type="checkbox"/> Test Preparation Classes | <input type="checkbox"/> Other _____ |

Prior Standardized Testing Experience (check all that apply):

- | |
|--|
| <input type="checkbox"/> Primary/Secondary School Assessments |
| <input type="checkbox"/> College Admissions/Assessments |
| <input type="checkbox"/> Professional/Graduate School Admissions |
| <input type="checkbox"/> Professional Certification/Licensure |
| <input type="checkbox"/> Computer-Based Testing |

List the standardized examinations you have administered most recently and the year(s) of administration. Circle your position (TS=test supervisor, RS=room supervisor, P=proctor).

Name of Examination	Year(s)	Position Held
_____		TS RS P
_____		TS RS P
_____		TS RS P

Number of test administrations you conduct per year:

- ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ More than 10

Total number of years testing experience: _____

SECURE STORAGE

Describe the secure, locked storage facility where test materials will be stored at all times while in your possession. Attach a separate sheet if additional space is needed.

Description (e.g., locked cabinet): _____

Location (e.g., locked office): _____

Who has keys to the locked storage? (list names/titles)

What else is this location used for?

Name and title of person responsible for this location:

TEST SUPERVISOR'S AGREEMENT

I certify that I meet the required qualifications and will personally carry out the responsibilities of Test Supervisor at this school for Spring 2008.

I agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I also agree to provide test administration services in accordance with all policies and procedures. I understand and agree that during my term as supervisor, neither I nor any member of my testing staff will engage in any ACT test preparation activities beyond our specifically defined school responsibilities. I agree to read and comply with all ACT test administration policies listed in the *Supervisor's Manual of Instructions*.

SIGNATURE

DATE

Fax this form to ACT at 319/337-1019.